

# Request for Military Discharge Papers

(ORS 408.420)

I am requesting access to and \_\_\_\_\_  regular /  certified copy(ies) of the  
(number of copies)  
military discharge papers for the following person:

Name of Veteran: \_\_\_\_\_ Year of Discharge: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_ **OR** last four digits of Social Security Number: \_\_\_\_\_

## Requested by:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Requestor's

### Relationship to Veteran:

- Self
- Spouse
- Legal Guardian to Military Veteran
- Personal Representative to Military Veteran
- County Veteran's Service Officer
- Representative of Department of Veteran's Affairs
- Representative of Licensed Funeral Establishment

\_\_\_\_\_  
Address (*Please include City, State and Zip*)

\_\_\_\_\_  
Mail Address, *if different* (*Street or P.O. Box, City, State and Zip*)

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
State of \_\_\_\_\_

County of \_\_\_\_\_

This request was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_.

*Requestor's Name & Title, if applicable.*

\_\_\_\_\_  
Notary Public